FEC FORM 2

STATEMENT OF CANDIDACY

1	(a) Name of Candidate (in full)									
••	Johnson, Bill, , ,									
	(b) Address (number and street) 519 Fifth Street	☐ Check if address changed			2. Candidate's FEC Identification Number H0OH06189					
	(c) City, State, and ZIP Code					3. Is Thi		ew		Amended
	Marietta		ОН	45750)	Stater			×	(A)
4.	Party Affiliation	5. Office Sought			6. State & Dist	trict of Candi	date			
	REPUBLICAN PARTY	House			ОН	06				
	DE	SIGNATION O	PRINC	IPAL	CAMPAIGI	N COMM	ITTEE			
7.	I hereby designate the following nar	med political committe	e as my Pr	incipal C	ampaign Comr	mittee for the	$\frac{2024}{\text{(year of elec})}$		ction(s).	
	NOTE: This designation should be f	iled with the appropria	ate office lis	sted in th	e instructions.					
	(a) Name of Committee (in full) JOHNSON FOR CONGRESS									
	(b) Address (number and street) PO BOX 906									
	(c) City, State, and ZIP Code									
	MARIETTA				ОН	45750	0			
	DE	SIGNATION OF					TEES			
		(Includii	ng John Fu	nuraisinę	g Representativ	es)				
8.	I hereby authorize the following nan candidacy.	ned committee, which	is NOT my	principa	ıl campaign cor	nmittee, to re	eceive and ex	pend fund	ds on be	half of my
	NOTE: This designation should be f	iled with the principal	campaign o	committe	ee.					
	(a) Name of Committee (in full) JOHNSON LEADS COMMITTEE									
	(b) Address (number and street) 824 S. MILLEDGE AVE., STE	. 101								
	(c) City, State, and ZIP Code									
	ATHENS				GA	30605	j			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
Jo	hnson, Bill, , ,			[Electi	ronically Filed]	11/17/20)22			
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full) PROBLEM SOLVERS PATRIOTS							
	(b) Address (number and street) 824 S MILLEDGE AVE STE 101							
	(c) City, State, and ZIP Code							
	ATHENS	GA	30605					
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	ATHENS	GA	30605					
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FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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